

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19237 OF 193526

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**ActBlue**

Full Name (Last, First, Middle Initial)

**A. RENEE LIPSON**

Mailing Address 15101 INTERLACHEN DR 822

City	State	Zip Code
SILVER SPRING	MD	20906

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	02	/	2015

**Transaction ID : SB28A\_25211746**

Amount of Each Disbursement this Period

5.00
------

Refund of contribution, initially earmarked for  
DEMOCRATIC CONGRESSIONAL CAMPAIGN  
COMMITTEE (C000009)

Full Name (Last, First, Middle Initial)

**B. HOWARD LIPTON**

Mailing Address 1374 OCEAN AVE APT 2L

City	State	Zip Code
NY	NY	11230

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2015

**Transaction ID : SB28A\_24585435**

Amount of Each Disbursement this Period

5.00
------

Refund of contribution, initially earmarked for  
DEMOCRATIC SENATORIAL CAMPAIGN  
COMMITTEE (C00042366)

Full Name (Last, First, Middle Initial)

**C. HOWARD LIPTON**

Mailing Address 1374 OCEAN AVE APT 2L

City	State	Zip Code
NY	NY	11230

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2015

**Transaction ID : SB28A\_24658243**

Amount of Each Disbursement this Period

5.00
------

Refund of contribution, initially earmarked for  
DEMOCRATIC CONGRESSIONAL CAMPAIGN  
COMMITTEE (C000009)**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
-------

--